

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

February 2002

DATA SYSTEMS & ANALYSIS

Data Base and Application Development

Ambulatory Surgery Survey for 2001

MHCC has awarded a contract for \$11,340 to MetroData of Hunt Valley to continue support of the Maryland Ambulatory Surgery Center Survey. The contract modifications will fund further refinements in the edit capabilities of the survey and changes to the survey questionnaire. The survey is slated for release in the first quarter of 2002.

Medical Care Data Base Submissions for 2002

The data submission support activities are now underway for the data collection due June 30, 2002. The Commission will hold a Technical Assistance Meeting for payers in early April. Commission staff is investigating hosting this meeting on the Internet via net meeting features. Approximately forty-five insurance companies and HMOs are covered by the data submission regulations for the 2001 Medical Care Data Base.

Data Release for the 2000 Maryland Long-Term Care Survey

The Commission staff plans to release to outside users in early March. The information gathered from the survey will be released by facility type: comprehensive care, assisted living, and adult day care. As of the middle of February, an educational organization and a professional organization had requested access to the information. The information that is collected by the Commission under this survey is aggregated to the facility; no individually identifiable data is collected.

Internet-Based Physician Re-Licensure Application

MHCC staff has demonstrated an Internet-based re-licensure application to the Board of Physician Quality Assurance (BPQA). The application will allow Maryland physicians to renew state medical license via the Internet. The staff has taken a lead role in developing this application because we wish to eliminate about \$15,000 in data entry costs associated with the data that MHCC receives from BPQA.

Cost and Quality Analysis

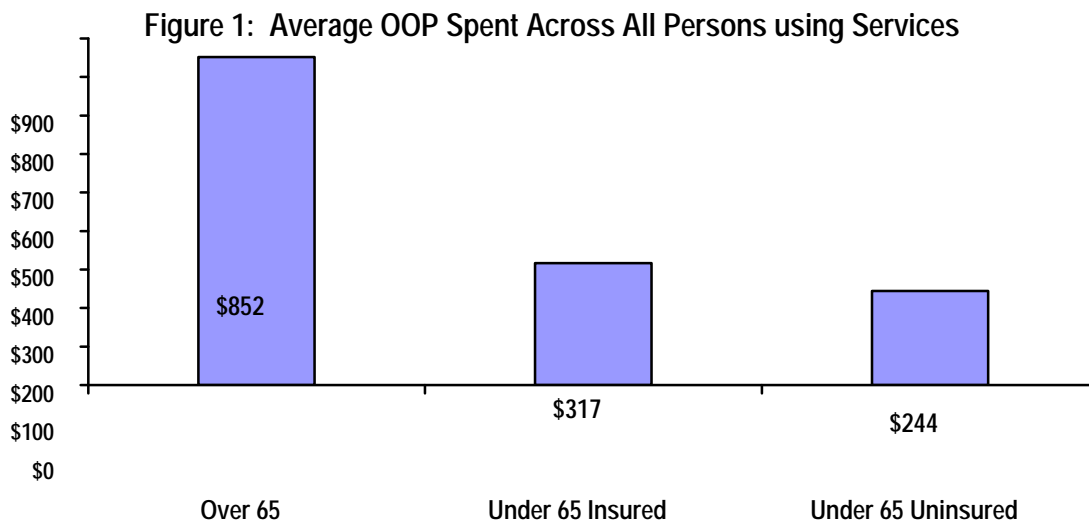
Follow-up on the Out-of-Pocket Spending Analysis

The staff and our consultant on the AHRQ Medical Expenditure Panel Survey (MEPS) have reexamined the out-of-pocket expenditure analysis presented in the State Health Care Expenditure Report. We have replicated out-of-pocket spending estimates presented in the report and also replicated AHRQ's estimates of total spending per person presented in a MEPS analysis published in June 2000. We are confident that the estimates presented in the report accurately present out-of-pocket spending for individuals that were never insured during the survey period year.

Average OOP Spending of Each Type of Service Across All Persons

The staff has confirmed AHRQ's definitions of the insured and out-of-pocket (OOP) spending that were used in our analysis. AHRQ defines individuals as insured if they have hospital and major medical insurance any time during the year. Uninsured are people who were never insured or individuals that were only covered by a condition-specific insurance such as cancer insurance. Thus the AHRQ definition of the insured includes the never insured and the underinsured for the entire year. Staff is confident these definitions were accurately implemented in the analysis. The results that raised the most questions are shown in Figure 1 below.

The relatively low out-of-pocket spending among the under 65 uninsured population is driven by a number of factors. First, defining the uninsured as never having insurance over the entire year excludes many people with catastrophic conditions that spend down savings and then qualify for public assistance. Our definition is consistent with the approach used in the CPS, however, it probably removes the sickest individuals. Second, the never insured as a group, in comparison to the under 65 population, are younger and have lower expected health care costs. Compared to the under 65 insured population, fewer sought care (60 percent versus 85 percent). Lastly, OOP spending does not represent the total value of the services delivered to the uninsured. Workmen's Compensation, automobile liability policies, and special state/local health care programs cover about 27 percent of the spending. It should also be noted that a portion of health care services provided to the uninsured is simply written off as bad debt by providers. The value of the write-off cannot be estimated from the MEPS.



These findings presented in the report are consistent with results presented by AHRQ. The findings also suggest that by limiting our uninsured population to those without any coverage throughout the year, we excluded people who were able to obtain public insurance after they exhausted their financial assets. Future studies to examine shorter breaks in insurance coverage could examine the OOP spending for these groups.

Report on Maryland Health Insurance Coverage

The Commission will release *Maryland Health Insurance Coverage Through 2000: A Graphic Profile*, later this month. Staff will present a draft of this report at the February meeting. This

report presents the insurance information from our own analyses of the MEPS and the CPS. The report presents data on insurance coverage by age, income and percent of poverty, and type of employment. Information is also provided on insurance availability and cost sharing on premiums between employers and employees. This report is designed to complement the Gallup survey.

Report on Practitioner Utilization for 1999 –2000

The MHCC will release a report on trends in practitioner services in March. The report examines payments to physicians and other health care practitioners for the care of privately insured Maryland residents under age 65. Analysis is based on the health care claims and encounter data that most private health insurance plans serving Maryland residents submit annually to the Maryland Health Care Commission as part of the Medical Care Data Base. The staff believes that this data is sufficiently stable to make the examination of spending trends possible. Data from 1999 and 2000 are used to track changes in service use and spending, separately for individuals in Health Maintenance Organization (HMO) plans and individuals in other, non-HMO plans.

EDI Programs and Payer Compliance

HIPAA State Conference EDI Promotion

The Commission will host the first state conference on HIPAA February 19 at the BWI Marriott. Over 400 people from physicians offices, ambulatory care centers, hospitals, and payers have registered for the conference. Approximately 100 people had to be turned away because of space limitations at the hotel. The Commission may consider additional conferences if interest continues to be high.

EHN Certification

The staff is working with the smaller EHNs on MHCC certification. Protologics, a small Baltimore network, has been placed in candidacy status. We expect applications from several other networks in the next two months.

EDI/HIPAA Work Group

The Commission hosted a meeting of the task force in late January that was attended by representatives of all Maryland certified networks. Each network described its plans to assist clients with HIPAA compliance issues. The work group then began reviewing a draft of a security assessment guide that MHCC hopes to release early this summer. The assessment guide, like the privacy tool, will be aimed at smaller health care organizations that have limited resources to devote to HIPAA compliance.

PERFORMANCE & BENEFITS

Benefits and Analysis

Comprehensive Standard Health Benefit Plan (CSHBP)

At the October 2001 meeting, the Commission voted on proposed benefit changes to the CSHBP. The Commission adopted the provisions of HB 160 (coverage for hearing aids for children) into the CSHBP with a clarification in the regulations that coverage is limited to a minor child, defined as a child ages 0 to 18 years. These proposed regulations were posted in the *Maryland*

Register at the end of December for the 45-day comment period. At this month's meeting, the Commission will be asked to adopt the regulations as final so that the benefit changes can be implemented on July 1, 2002.

On January 31st, Commission staff mailed the annual financial survey packets to all carriers participating in the small group market in Maryland. The deadline for carriers to submit this data is April 5th. Staff will complete an analysis of the survey results, including number of lives covered, number of employer groups purchasing the CSHBP, loss ratios, average premiums as they relate to the 12-percent affordability cap, etc. Staff will present these findings to the Commission in the spring.

Study of the Small Group Market

SB 457 of 2001 requires the Commission to contract with an independent consultant to: (1) conduct a study comparing the performance of Maryland's small group health insurance market reform law to other states; and (2) meet with and provide periodic updates to an independent advisory committee. Health Management Associates (HMA), the consultant who was awarded the contract, conducted telephone interviews with the insurance departments and carriers of the six states included in the study. Elliott K. Wicks, Ph.D., Project Manager for HMA, presented a draft outline of the report to the Commission at the January meeting. Dr. Wicks will present the findings and recommendations of this independent study to the Senate Finance Committee on February 20th, and to the House Economic Matters Committee on February 26th. At that time, a copy of the final report will be distributed to the Commission.

Evaluation of Mandated Health Insurance Services

At the December 2001 meeting, the Commission approved for public release the mandated benefits report, prepared by our actuarial consultant, William M. Mercer, Inc., (Mercer). The final report has been posted on the MHCC website and printed copies are available through Commission staff. The final report was sent to the General Assembly in January, and Mercer also will be available to present the report to the General Assembly during the 2002 legislative session.

Substantial Available and Affordable Coverage (SAAC)

Legislation passed by the 2001 Maryland General Assembly freezes the existing differential provisions of the SAAC product administered by the Health Services Cost Review Commission (HSCRC) through June 30, 2003. Regulations to conform the SAAC benefit plan to the CSHBP became effective with open enrollment periods beginning December 1, 2000. At the October 2000 meeting, the Commission approved regulations to further conform the SAAC benefit plan to reflect changes to the CSHBP that became effective July 1, 2001. At this month's meeting, the Commission will be asked to adopt the regulations as final so that the benefit changes can be implemented on July 1, 2002.

Currently, there are three carriers participating in the SAAC market. However, Aetna and Optimum Choice, Inc. have notified the Maryland Insurance Administration (MIA) and the HSCRC that they are no longer accepting enrollees through open enrollment. Both carriers will consider leaving the market altogether after the 2002 legislative session. Finally, CareFirst is eliminating the FreeState and Delmarva HMOs from the SAAC market, the non-group (individual) market, and the small group market. A number of FreeState enrollees will not satisfy CareFirst's stricter underwriting requirements for its PPO and indemnity products. These stricter

underwriting requirements may force the non-qualifying FreeState HMO enrollees to enroll in CareFirst's SAAC PPO product (at a higher premium and with deductibles), to try to obtain a medically underwritten product from another carrier, if possible, or to forgo insurance altogether. Small group employers can buy riders to reduce the high deductibles; however, individuals purchasing the SAAC product cannot. At the October 2001 meeting, staff presented emergency regulations to lower the deductible in the SAAC PPO product, but the Commission did not pass the proposed regulations. The General Assembly is addressing SAAC in conjunction with the CareFirst conversion issue during the 2002 legislative session.

Legislative and Special Projects

Nursing Home Report Card

Chapter 382 (SB 740) of 1999 requires the Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. The initial version of the new web-based Nursing Home Performance Evaluation Guide is available through the Commission's website. Work continues with the vendor to update the website based on new information and feedback that the Commission has been receiving since the public release. An updated version of the Guide will include a revised Deficiency Information page, updated data from the Minimum Data Set and the MHCC Long Term Survey, as well as an advanced search capability, allowing consumers to search by facility characteristics and certain services. The updated version of the Guide will be made available to the public this month.

Hospital/Ambulatory Surgical Facility Report Card

Chapter 657 (HB 705) of 1999 requires the Commission to develop similar performance reports on hospitals and ambulatory surgical facilities (ASFs). The required progress report has been forwarded to the General Assembly. The Commission has contracted with the Delmarva Foundation, in partnership with Abt Associates, to: (1) analyze hospital data to develop appropriate indicators for inclusion in the Hospital Performance Evaluation Guide, and (2) design and execute a consumer-oriented website for the Guide. The Commission had requested a delay because of the emphasis given to the release of the nursing home report card. The initial version of the Hospital Performance Evaluation Guide was unveiled at a press conference on January 31st at the Legislative Services Building in Annapolis.

The first iteration of the Hospital Guide features structural (descriptive) information and the frequency, risk-adjusted length-of-stay, and risk-adjusted readmissions rates for 36 high volume hospital procedures (diagnosis related groups or DRGs). Readmission rates for circulatory system diseases and disorders are currently under review and will be released at a later date. Data for those facilities with less than 20 discharges per DRG in the reporting period are not presented.

Data collection for the two core measure sets (Heart Failure and Pneumonia) under the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) ORYX initiative will begin in March 2002. Data will be gathered on a pilot, or test, basis through June 2002. Data gathered between July and December 2002 will be made publicly available in the second iteration of the Hospital Guide in Spring 2003.

A separate guide will be developed for the ambulatory surgical facilities (ASF). It is anticipated that the ASF Consumer Guide will be made public in the summer of 2002.

State-Level Survey of the Uninsured

A state-level survey of the uninsured has been developed by a team of staff from DHMH's Office of Planning, Development and Finance and Office of Public Health Assessment in coordination with the MHCC. The contract was awarded to the Gallup Organization, which had conducted a number of similar surveys in other states. Gallup's subcontractor, REDA International, began conducting interviews in Maryland on October 8th. Data collection was completed on December 28, 2001 with a final total of 5,137 households. A report based on the results of the survey is to be available by the end of February 2002.

Patient Safety

Chapter 318 (HB 1274) of 2001 requires the Commission, in consultation with DHMH, to study the feasibility of developing a system for reducing preventable adverse medical events. A Maryland Patient Safety Coalition was initiated by the Delmarva Foundation and, at this time, is serving as the Commission's sounding board for its activities related to patient safety. The preliminary report, approved by the Commission at the December meeting, has been sent to the General Assembly and staff expects to brief the appropriate committees upon request.

HMO Quality and Performance

Distribution of 2001 HMO Publications

Cumulative distribution - beginning with release of each publication	9/28/01- 1/31/02		
	Paper	Electronic Web	
<i>Comparing the Quality of Maryland HMOs: 2001 Consumer Guide</i> (30,000 printed)	24,680	Interactive version	Visitor sessions = 1,021 Hits = 4,804
		pdf version	Hits = 18,577
<i>2001 Comprehensive Performance Report: Commercial HMOs in Maryland</i> (700 printed)	542	Hits = 2,487	
<i>Policy Report on Maryland Commercial HMOs: The Quality of Managed Care</i> (1,500 printed)	797	Hits = 48	

2001 Publication Distribution

The *2001 Policy Report* was released on January 31st in Annapolis, at a press conference announcing the *Hospital Guide* and updated *Nursing Home Guide*. The *Policy Report* is the last publication in the 2001 series of HMO performance reports. A letter highlighting interesting findings and a copy of the *Policy Report*, which compares the performance of commercial HMO in Maryland to their counterparts in the region and nation, was sent to each of Maryland's 188 legislators, health plans, 24 local health officers, and other interested parties in Maryland and around the nation. The *Policy Report* is now posted on the MHCC website along with an updated description of each of the HMO publications entitled, "Which Report is Right for You?" A detailed letter and copy of the *Policy Report* was also sent to the Health Section of the *Washington Post*, in hopes of generating an article.

Public and academic libraries (and academic health policy/administration programs) throughout the state have been sent a copy of the new *Policy Report* for their reference collections. In the same mailing, libraries received some additional copies of the *HMO Guide for Consumers* for distribution to the public. Libraries were reminded about electronic access to all HMO reports, as well as the new *Guides to Hospitals* and *Nursing Homes*. A new MHCC brochure, describing all three performance evaluation guides was sent to academic libraries.

Madison Design is developing a “bookmark” to be used as a give-away at health care delivery sites. It will include a brief description of each of the three types of evaluation guides produced by the Commission and will advertise how/where each Guide can be found on the Internet. In the case of the HMO publications, it will state that hard copies are available from MHCC.

A letter has been drafted and we have identified insurance industry associations, broker groups, and industry newsletters to receive information about the HMO publications that MHCC produces, particularly the *Guide for Consumers*.

2002 Performance Reporting (Maryland-Specific Data, CAHPS Survey & Audit of HEDIS Data)

Both the survey and audit processes are moving along smoothly. The MHCC-specific measures to be reported in 2002 by each HMO, data reporting sheets, and instructions have been sent to each HMO’s HEDIS Coordinator. These data will be submitted to the audit contractor along with HEDIS data. MHCC staff has discussed a number of important data collection issues (number of digits to which rates should be reported, rounding, data collection/submission tools, how data will move from the auditor to the report development contractor in 2002) with NCQA and HealthcareData. MHCC has scheduled a meeting with the audit contractor, HealthcareData.com, for February 22nd.

Maryland HMOs have been notified that in 2002, although NCQA has decided to allow plans to “rotate” rates for the HEDIS measure, Childhood Immunization, MHCC will not. Rotation means that plans meeting certain criteria could submit data collected in 2000, or in 1999 (since this measure also was rotated in 2001) instead of submitting data collected during 2001 to show the percent of children immunized in each HMO. Maryland plans will submit immunization data collected during the 2001 calendar year.

Report Development Contract

A request for proposals (RFP) for HMO Report Development work for the next contract period (2002 - 2004, with an extension period of one additional year through May 31, 2005) was mailed to approximately 115 prospective vendors on January 31st. The pre-bid conference was held on February 12th. An evaluation committee is being formed to review proposals that are due to MHCC on March 4th.

Division Administrative Tasks

The specialized responsibilities, such as conducting annual large-scale mail and phone surveys of HMO plan members, auditing clinical data, and developing and producing reports that use the data derived from the survey and audit, falling under the HMO Quality & Performance Division require that certified contractors be hired to carry out some tasks. Since procurement (delineating work to be done, soliciting and evaluating proposals to do work, and overseeing work carried out by contractors and bills from contractors) is a significant part of this Division’s responsibilities,

tracking each contract cycle is important.

This Division's records, with current information on each of the four primary, multi-year contracts are being updated. In January, a tally of all printing information for each of the 4-5 HMO publications produced each year (1998-2001) was completed. The specific documents produced (including page enlargements created for press conferences), quantities, printing costs, and printers have been recorded.

Legislative Update

As of February 14th, staff has been asked to review 69 bills. The Commission is taking no position on 46 of those bills.

Letters of information: 4 mandated benefits bills, and one for a proposed demonstration project under the Maryland Health Care Foundation.

Letters of support are being sent for the House and the Senate SAAC revision bills.

Letters of concern: A letter was sent on a bill that would allow counties and municipalities to open their employee benefit plans to county or municipality residents – this bill could potentially affect the small group market and does not address a number of issues related to adverse selection and potential increased premiums for those country and municipality employees. A letter of concern was sent on a bill that would require the Commission to report certain information about Managed Behavioral Health Care Organizations (MBHO) on the *HMO Consumer Report* – it would not be possible to report aggregate MBHO information by HMO.

Supporting: (1) an Insurance Administration departmental bill that would not allow carriers to discriminate among the commissions it pays its agents depending on the size of small employer for whom they write policies; (2) the repeal of the termination provisions on two cross-filed bills related to limited direct admissions in Continuing Care Retirement Communities – this position was approved by the Commission under the auspices of a study of the issue conducted by Commission staff; and (3) the Medical Review Committee Civil Immunity as approved as a recommendation in the Patient Safety Interim Report.

Opposing: (1) the two cross-filed bills that remove obstetric services as a category of medical services from the health planning statute, which would allow a hospital to add or eliminate the services without any review by the Maryland Health Care Commission; (2) a bill that would require the Commission to survey the uninsured every two year (opposed for fiscal reasons. NOTE: The Senate Finance Committee has already given this bill an Unfavorable report); and (3) a bill that would allow small employers who contract with Professional Employer Organizations to not be subject to small group market reforms.

Later in the Commission meeting, 6 bills will be discussed to obtain the Commission's position: 4 small group market bills; an Open Heart CON bill; and a required study of the All-Payor System expansion.

The Commission had its House and Senate budget hearings on February 12th and February 18th, respectively.

HEALTH RESOURCES

Certificate of Need

On February 1, 2002, Executive Director Barbara McLean issued an Emergency Certificate of Need to Devereux Chesapeake Treatment Network, which requested permission from the Commission to temporarily move twenty-four residential treatment center (RTC) patients aged six through twelve to a building owned by the Waldorf School, the former Rose Hill RTC on the campus of the former Chestnut Lodge Hospital (CPC Health, Inc.) in Rockville, Maryland. Devereux operates the residential treatment center at the Hurt Home in Georgetown, as a service of the District of Columbia's department of Mental Health. District environmental health inspectors found lead in the plaster walls and paint at the site in December 2001, and directed Devereux to find an immediate temporary placement for the program, so that lead abatement can begin as soon as possible. Devereux understands from District officials that the lead abatement is expected to take three to four months. Commission regulations at COMAR 10.24.01.20 permit the Executive Director to issue an Emergency Certificate of Need, good for 165 days, in order for facilities to respond to urgent or public health problems. Devereux is required to update the Commission on the progress of the renovations within 30 days after the emergency CON is issued, and, if the resident children in the treatment program must remain longer, Certificate of Need approval must be obtained.

In addition, during January, Staff issued four determinations of non-coverage related to waiver beds authorized for existing health care facilities. Two FutureCare nursing homes, one each in Anne Arundel and Baltimore Counties, relinquished a total of four previously-granted waiver beds. Two separate health care facilities operated by Adventist Healthcare in Rockville, an inpatient psychiatric hospital and a residential treatment center at Potomac Ridge, also requested and were granted nine waiver beds each. Staff also conducted a site visit to Sheppard Pratt Hospital to review and discuss preliminary plans for a major capital project.

Phase II Certificate of Need Program Study

The final report for Phase II of the Certificate of Need Program Study was forwarded to the General Assembly and interested organizations. During the second year of the CON program study, the Commission examined the following services: (1) rehabilitation hospital and chronic hospital services; (2) inpatient acute care hospital services, including medical-surgical and pediatric services; (3) inpatient psychiatric services; (4) ambulatory surgical facilities and services; (5) organ transplant, neonatal intensive care, and burn services; (6) intermediate care facilities for alcohol and substance abuse services; (7) child and adolescent inpatient psychiatric and residential treatment center facilities; and (8) intermediate care facilities for developmentally disabled services.

Acute and Ambulatory Care Services

The draft State Health Plan chapter on acute hospital inpatient obstetric services was published in the *Maryland Register* on January 25, 2002 as proposed permanent regulation. A public hearing on the proposed regulation is scheduled for February 21, 2002 prior to the Commission meeting. Commissioner Beasley will chair the public hearing. Staff also assisted in the development of the Commission's position statement on HB 38 regarding deregulation of obstetric services from Certificate of Need review.

Program staff is developing a concept paper outlining research questions, methods and resource requirements that will serve as a vehicle for discussion with potential granting agencies on policy issues in the regulation of ambulatory surgery. The desirability of additional research in this field was identified in the Commission's Working Paper evaluating Certificate of Need regulation of ambulatory surgical facilities in Maryland. This paper will be used to explore different funding options. Program staff is working with staff of the Performance and Benefits Division to incorporate related interests of the Commission in quality of care issues.

A work group has been established to assist staff in evaluating the criteria used to distinguish between an operating room and a procedure room for purposes of determining whether surgical capacity in a physician's office needs a Certificate of Need. The first meeting of this work group, consisting of representatives of the Maryland Ambulatory Surgery Association, the Maryland Hospital Association, and other professionals working in the ambulatory surgery industry, is tentatively scheduled for late February.

On February 1st staff attended a meeting of the Emergency Placement for Psychiatric Patients Workgroup, a joint effort of the American College of Emergency Physicians (ACEP) and the Medical and Chirurgical Faculty of Maryland (Med-Chi). They discussed legislation regarding the state's mental health system as well as potential improvements in the process of finding placements for psychiatric patients seen in hospital emergency departments.

On January 31st several members of the Health Resources Division attended a site visit at the Bowie Health Center in Prince George's County. The only one of its kind in Maryland, this facility functions as a freestanding emergency department and operates under the license of Prince George's Hospital Center.

Long Term Care and Mental Health Services

A Hospice Work Group was developed to guide Commission staff in the revision and update of the State Health Plan section on hospice services. The first meeting of this group was held on January 18, 2002. At that meeting, topics of discussion included: work plan for update of the plan section; issues, especially pediatric hospice; and review of hospice data and analysis of trends. The second meeting will be held on February 15th.

Staff attended a conference at Charlestown entitled "Senior Care Spotlight" on January 28th. Topics addressed included: Medicaid shortfall; Medicaid waivers; consumer report cards; and enforcement activities by the Office of Health Care Quality. Staff attended the meeting of the Innovations in Aging Services Program at the request of the Department of Aging. This group is charged with providing and reviewing competitive grants to design and test innovative models of services to serve seniors in Maryland. In addition, staff attended a conference titled "Financing End-of-Life Care: Challenges for an Aging Population" on February 6th. Topics included the current state of knowledge on end-of-life care, the role of public financing in end-of-life care, innovative models for end-of-life care, and questions for public policy makers regarding end-of life care financing and organization

The Long Term Care Chapter of the State Health Plan (COMAR 10.24.08) was published in the *Maryland Register* on January 25, 2002. Comments will be received until February 25, 2002. The Commission is scheduled to take final action at the March Commission meeting.

Specialized Health Care Services

On February 7, 2002, Commission staff met with representatives of the three licensed inpatient rehabilitation facilities that do not report discharge abstract data to the Health Services Cost Review Commission. On April 1st the facilities are expected to begin transmitting to the MHCC the data elements recommended by the Work Group on Rehabilitation Data. The next meeting of the Work Group is scheduled on March 7th, at 1:00 p.m. in Room 110 at 4201 Patterson Avenue in Baltimore.

Six of the ten reporting centers have submitted data on the utilization of bone marrow and stem cell transplant programs in the District of Columbia, Northern Virginia, and Maryland during the fourth quarter of 2001. Completed surveys from three of the remaining centers are due on February 15, 2002; one center received an extension until February 28, 2002.

The Commission granted a request to extend the deadline for filing responses to written comments on the applications received in the Certificate of Need review for an open heart surgery program in the Metropolitan Washington region. The four applicants filed their responses on February 11, 2002, instead of February 6, 2002. On January 28th, the applicants submitted modifications to the applications. Notice of the re-docketing of the modified applications will be published in the *Maryland Register* on March 8, 2002. Interested parties are to submit their comments on the modifications by April 8, 2002.

The thirty-day period for public comment on the proposed changes to the State Health Plan for Organ Transplant Services (COMAR 10.24.15) ends on February 25, 2002.